

The Abbeyfield Beaconsfield Society Limited

Bradbury House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Bradbury House is a care home that was providing personal care to 40 older people at the time of the inspection. The accommodation is spread over two floors in a purpose built building.

People's experience of using this service:

People living at Bradbury House received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

The registered manager and staff worked hard to meet people's support needs and went the extra mile to provide safe care and support. The registered manager worked closely with the GP and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were very caring. Staff consistency enabled people to receive good care from staff who knew them well. The majority of staff had worked at the service for more than 10 years. People had access to a variety of personalised activities to prevent social isolation and promote their wellbeing. Events were provided that matched people's personal histories and interests.

Bradbury House was well-led by a registered manager who continually looked for ways to improve people's lives. Staff culture was compassionate and caring and this had resulted in the provision of personalised and individual care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection:

At our last inspection we rated the service Good. Our last report was published in January 2017.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Bradbury House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Bradbury House is registered to provide accommodation and personal care for up to 41 older people. Some people in the home were living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection reports. In addition, we contacted the local authority commissioner of services to obtain their views.

During the inspection

We spoke with three people and we looked at five people's care records and five medicine administration records (MAR). We spoke with five care staff, the chef, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People received their medicines safely and as prescribed.
- Protocols for 'as required' (PRN) medicines were in place. These guided staff on how to safely administer as required medicines.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff. One member of staff said, "We get refresher training every year and we are checked to make sure we are still safe".

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Yes, I feel very safe here".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would report to [registered manager] and call the local authority".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of falling and used a hoist for transfers. Staff were provided with guidance to safely support the person, including two staff to transfer them.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Oh we have plenty of staff here, more than enough".
- People told us there were enough staff to support them. One person said, "There is always someone to help if you call".
- The provider followed safe recruitment practices and ensured people were protected against the

employment of unsuitable staff.

Preventing and controlling infection

- One person spoke with us about cleanliness. They said, "The girls [staff] clean my room regularly, they are very good".
- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff following safe, infection control practice.
- The environment was spotlessly clean and well maintained.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The registered manager had introduced systems to reduce the risk of accidents reoccurring. For example, following a fall, people were referred to relevant healthcare professionals to reassess their support needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they came to live at Bradbury House to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I get supervision every month. I think I am well supported".

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "The food is just fine". Another person told us, "The meals are very good here". The chef commented, "I can provide alternatives if residents want something different".
- Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to manage the risk and monitor the person's weight.

Staff working with other agencies to provide consistent, effective, timely care to support people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.
- One healthcare professional told us, "If I ever had to stay in a home, it would be this one".

Adapting service, design, decoration to meet people's needs

- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- There was appropriate, dementia friendly signage that enabled people to find their way around the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "We must respect resident's choices and support them to make their own decisions. It is in their best interests".
- Records relating to the MCA were reviewed, accurate and up to date. Where people were being deprived of their liberty, appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. One person told us, "The girls [staff] are all very good, kind and gentle".
- Staff knew people well and used their knowledge to ensure people were treated as individuals. One member of staff supported a person to talk about their interests. The member of staff had worked at Bradbury House for ten years and knew the person well. The interaction had a positive impact on the person's well-being.
- Staff spoke respectfully when speaking with and about people. One member of staff told us, "I love it here, the residents are fantastic people, all individuals".

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in their care. Records showed staff discussed people's care on an on-going basis.
- One person told us about being involved. They said, "You can be involved in your care as much as you want. I'm informed but personally, I like to take a back seat".
- Throughout the inspection staff gave people choices about how they wished to be supported. For example, offering to support people to walk or allowing them to choose where they sat.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "I am treated with dignity and I'm respected, yes."
- Staff ensured people's privacy was respected. They knocked on doors before entering people's rooms and spoke discreetly with people when supporting them with personal care.
- People were encouraged to maintain and improve independence. One person's care plan noted, 'I look after my own teeth and brush them after every meal'.
- People's records were stored securely to ensure personal information was protected. Where records were stored electronically, systems were password protected to enable only authorised staff to access them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefited from personalised care that valued them as individuals. One person told us, "I believe I am treated as an individual."
- Care plans detailed people's needs and how people wished their needs to be met. For example, one person liked breakfast in their room. The care plan guided staff to respect the person's decision.
- Where people's needs changed, care plans were reviewed and updated to ensure they were accurate and reflected people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and how staff should communicate with people to ensure they understood the information being given. One person's care plan detailed how the person used glasses to read. Staff were guided to ensure the person's glasses were clean and readily available. All written information, when required, was provided in large print.
- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome. People told us visitors and relatives were invited to take part in activities and the many social events that took place at the service. For example, a recent barbeque.
- People enjoyed a wide range of activities that were coordinated by the activity staff. This included trips out, flower arranging, cooking poetry and exercise classes. Regular religious services were also held.
- One person said, "There does seem plenty to do here if you have the mind to join in".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Where complaints were raised these were investigated and responded to in line with the policy.
- People and relatives were confident to raise any concerns with the registered manager. No one we spoke with had ever needed to raise concerns.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- Care plans identified people's end of life wishes and where they wanted to be supported. Where people did not wish to be admitted to hospital this was clearly documented.
- There were many thank you cards and letters from relatives of people who had been supported at the end of their life. The cards and letters reflected a compassionate approach to end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner. People greeted the registered manager with smiles.
- One person told us they knew the registered manager. They said, "I know [registered manager], she is very good".
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified that certain pieces of equipment and fittings required refurbishment. We saw plans for this work were in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the registered manager, deputy manager and provider. Staff comments included; "I am supported here, the manager listens and is open about things" and "The manager is very good, she is always there to give you support".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.
- One visiting healthcare professional told us, "I think this is an honest service that delivers some very good care".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- The registered manager had introduced 'resident committees', such as the catering committee which met to discuss food and menus.
- Surveys were regularly conducted. The results from the latest survey were very positive. Actions from surveys were used to improve the service. For example, one survey identified some people wished to change

some of the mealtimes. Meetings were held, people's opinions were sought, and mealtimes were adjusted to meet people's wishes.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The provider also worked closely with the local authority.